Thomas Funeral Home, Cambridge, Md.

MIDDLE

- STATE

(TYPE OR PRINT)

1. DECEASED NAME

REGISTRAR

Burial

24 FUNERAL DIRECTOR

BP.

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO I

STATE

15

YES [

COUNTY

22c DATE SIGNED

IF UNDER I YEAR

DAYS

INDUSTRY

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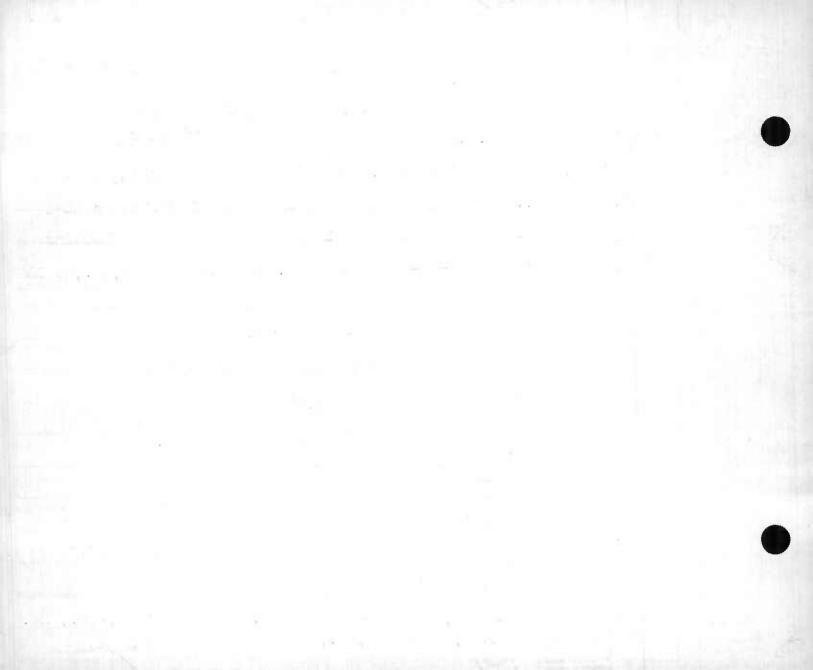
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(5)		REGISTRAR		CERTIFICATE OF DEATH	REG. NO).
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
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the spec	C	(ES, NO OR UNKNOWN)	220-28-C		s Bradley	Cambridge, M
attendin ve carbo ation, or er trium		4292 Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF SCVP		
signed by the attenting in please remove carbo burial, cremation or injury, or other main		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	JASCVP -	NAL DISEASE OR COND	OITION GIVEN IN PART I(a)
een signed by Then please n or to burial, ci any injury, or	IFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	ASCVP)	206 AUTOPSY?	20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
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ng physician. this certificate has been signed by urial-transit permit. Then please in Mental Hygiene prior to burial, or d or Item 18 shows any injury, or	MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH (DEATH BUT NOT RELATED TO THE TERMINOPERATION WAS PERFORMED Y YEAR 19 211 LOCATION	206 AUTOPSY?	20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 1
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Curran Funeral Home, 308 High St., Cambridge

(VRA 15, 4) 1/79

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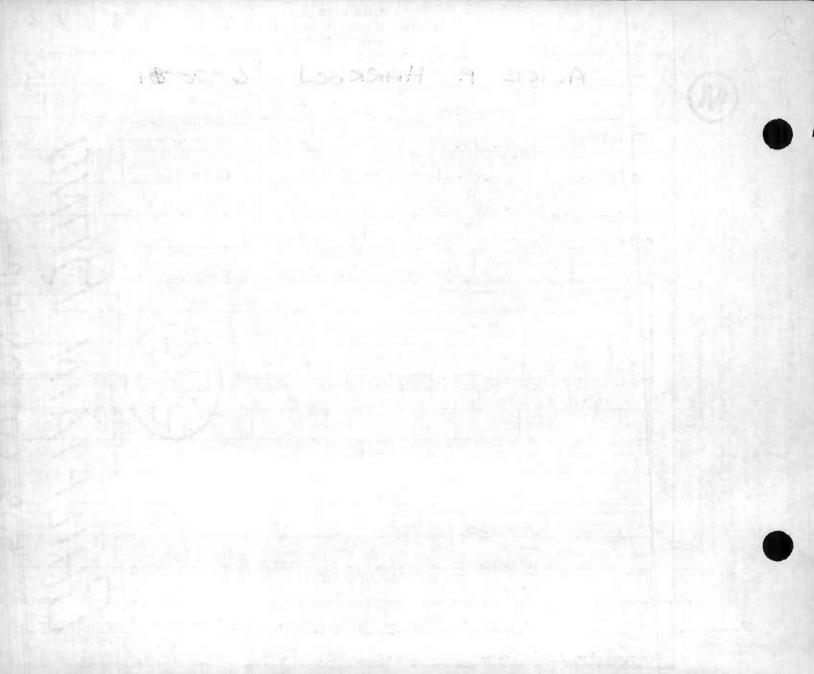


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L	REGISTRAR		MI	EDICAL EXAMINI		FICATE O		REG. NO.			
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	SEX	4. RACE	S. DATE OF BIRTH		S IF UNDER 1 Y	R. IF UNDER 2	MIN. PRONOUN		AONTH DA		2d. HOUR
200	'emale	White	June	23,1906 74	morning on	5 HOURS	DEAD		e 22	1,81	2:30
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0	CITY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME,	OR OTHER INST	ITUTION	12a. USUAL OCCU	PATION (TYPE OF	WORK 12b.	KIND OF BUS	SINESS
	Cambri	dae	Home		st str	eet	Homem			OK INDUSTR	
US		(IF IN NURSING HOME O	R OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSIO	N)		14.	34 - 34			
36	Md.	Do:		Cambridg			13e. STREET ADDRI	Locus	t otr	coct	
4	FATHER'S NAME					THER'S MAIDEN	NAME		SLI		
	Jabez		G.	Wheatle		Lucy	A	AIDDLE		Mills	
160	. WAS DECEASE	D EVER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECURITY		ORMANT		ADDRESS		MITTIS	<u> </u>
	(YES, NO, OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)	213-14-1	220 17:	nainia	Alboni	-4 m-3	1 - 01		**-
=		E DEATH /E-1	u gan agus an P	213-14-1 ne far (a), (b), and (c).)	330 [VI.	ratura	Arber10	T'tgT		APPROXIMATE	INTERVAL
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	lying cau		DUE 10, 0	K AS A CONSEQUENCE O					1		
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2		IGNITIONAL COMPILIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMIN	IAL DISEASE OR CONC	DITION GIVEN IN PART	[] (c).				
15	190 DATE OF	OPERATION	TIBL COND	ITION FOR WHICH OPERA	TIONI WAS DEDI	EODMED3			Inc	. AUTOPSY?	
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AN TREE	21g FYTERNI	AL CAUSE WAS	21b. TIME C	OF INTURY	Tale HOW INTO	LIBY OCCUPES	(ENTER NATURE OF IN	II IDV IA I FITA 20 P. T.	110000000	YES .	NO.
MOLTA DISTRACT CONTRACT	UNDERLYING	GOR	HOUR A.	M. MONTH DAY YEAR	ZIL HOW INJ	OKT OCCURRED	(ENTER NATURE OF IN	JUKY IN HEM TE PAR	OR PART 2		
200	CONTRIBUTI	NG CAUSE OF D			THE LOCATION						
40.0	WHILE	NOT WHILE		OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f. LOCATION STREET	4	CITY OR TO	wn	COUNTY		STATE
	AT WORK	AT WORK									
	22a. I certi	fy that I taak charg	e af the remains d	escribed above, held an	Autapsy	, Inspection	Inquiry	, and in	n my apinian	,	
	death result	ed fram: Natur	al causes X,	Accident . Suid	ide . Ho	amicide .	Undetermined m				
		1				E (SPECIFY)					
	ACTUAL SIGNATURE,	Jahr	m	- ELA		puty	MEDICAŁ EXAM	AINER	DATE SIGNED	6/2/3/	81
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-	EXAMINER'S	NAME JOE	n Mace	Jn. MD.	ADDRES	ssCan	nbridge	Md.			T. 19
23		TION, REMOVAL 2		23c. NAME OF CEM			23d. LOCATION		COUNTY		
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24	FUNERAL DIREC	TOR				250. DATE RI	EC'D. BY REGISTRA	R 256. REGIST	RAR'S SIGN	TURE	22.4
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		CEASED NAME FIRST	MIDDLE	LAST TO A TO A	2a. DATE OF DEATH MO	
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W.	3 SE	MALE	WHITE	Aug. 27 1903	6 AGE (IN YEARS LAST BIRTHO)	MONTHS DAYS HOURS
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mpletely and 2 should fical example and 2 should be shou	14. FA	THER'S NAME GIACOMO MD	ENEA	15 MOTHER'S MAIDEN NA. ROS INA	ME	PRESPIGIA
Pages 1 a		VAS DECEASED EVER IN U.S. ARME ES, NO OF UNKNOWN) (IF YES, GIVE W.			F. Enea, s	
een signed by the a Then please remon for to burial, crema any injury, or othe	CERTIFICATION			<u>DEATH</u> BUT NOT RELATED TO THE TERM		
	IFICA	190 DATE OF OPERATION	196 CONDITION FOR WHICE	OPERATION WAS PERFORMED	200 AUTOPSÝ?	ON IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATI YES NO NO
ate has b t permit. giene pri 8 shows	1 =	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY I	NITEM 18, PART 1 OR PART 2)
ificat insit p Hygi m 18		OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	P.M.	19		
an cat	MEDICAL CERT		P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION	CITY OR TOWN	COUNTY ST
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or attending physician. OR: After this certificat ise as the burial-transit preath and Mental Hygi is marked or I tem 18		IN EITHER, NOTHY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE AT WORK AT WORK 22e. L'eertify that (1) (this haspital saw the deceased alive an above. (1) (we) (did) (did not).	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,) ottended the deceosed from_ //ew the body ofter deoth.	FARM, ETC.) 21f LOCATION STREET , 19 , and that in (my) (aur) opinion DEGREE ATTENDING	death occurred an the date	ond haur and from the causes sto

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22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . Inquiry . ond in my opinion		deoth resulted fram Natu	ral couses X,	Accident , Suicio	de 🔲 , Hamicide 🔲 ,	Undetermined manner],	
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Framptom-Hawkins Funeral Home, 216 N. Main St

ADDRESS Federalsburg.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 25M (VRA 15, 4) 1/79 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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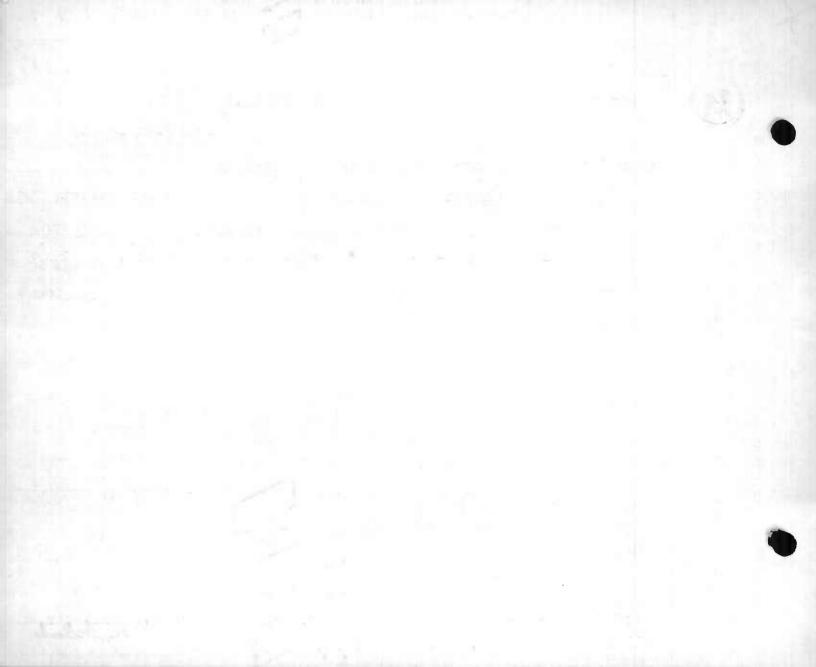
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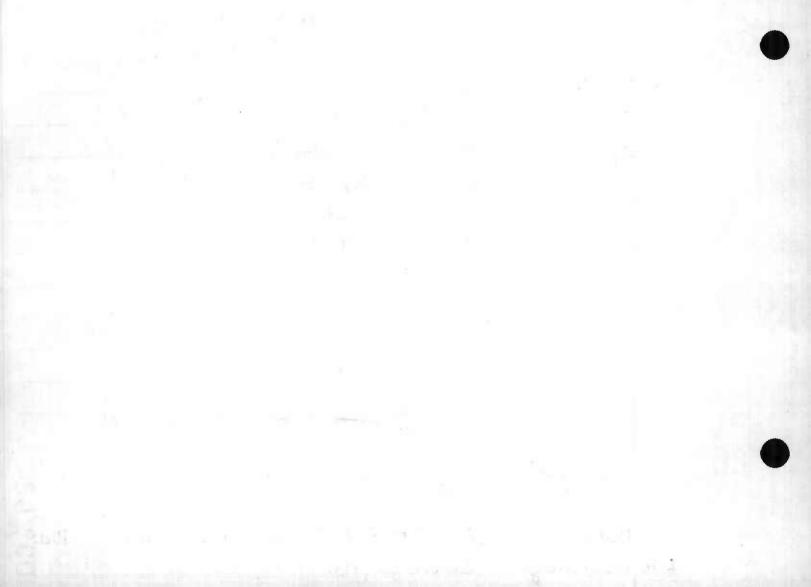
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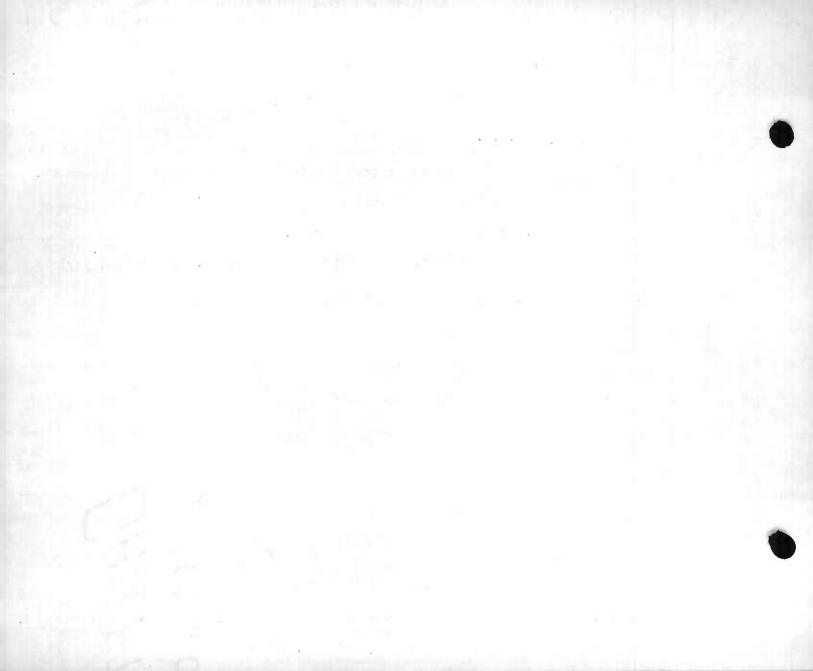
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	ecuted within 24 completely filled love carban paper yevent, within 7	35	admi	USUAL RESIDENCE (Where decedes sign) STATE MD	13b. COUNTY.	ester	Hur	lock	YES NO	61	t and number <u>Poplar</u>		et	
	and comprehensive	192	14. F	ATHER'S NAME First	Middle	Last		1S. MOTHER'S MA	AIDEN NAME First		Middle		Lost	
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	atte			1749	DUE TO, OR	AS A CONSEQUENCE OF								
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		9	MEDICAL CER	2 to. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF D (If either, notify medical exomi	EATH HOUR A.M.	F INJURY Manth Day Year		HOW INJURY OCC	CURRED (Enter no	alure of injury	in Port 1 or Port	2, Item 18.)		
	OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate as should be detached far used with the State Dept. af Health	/	ME	21d. INJURY OCCURRED 21e While Not while at work of work	B. PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f.		et ar R.F.D. Na.	City ar		Caunty		State
	ING by the fer ter	3	1	22o. I certify that (1) (t	his hospitol) ott	ended the deceos	ed_fram_	JUNE	6,1981	_, to/	UNE 9.	1981	thot(I)(we) lost
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	Page 4 O FUN director		23a.	DCMOVA) (Cnosifu)	DATE	23c. NAME OF				23d. LOCATION		(County	m = 100 7 5 7 5 11	te)
	2-5		24.	FUNERAL DIRECTOR	-12-81	ADDRESS		Cemete	2Sa. REC'D BY R	REGISTRAR	Ziew Do	orches	ter	MD.
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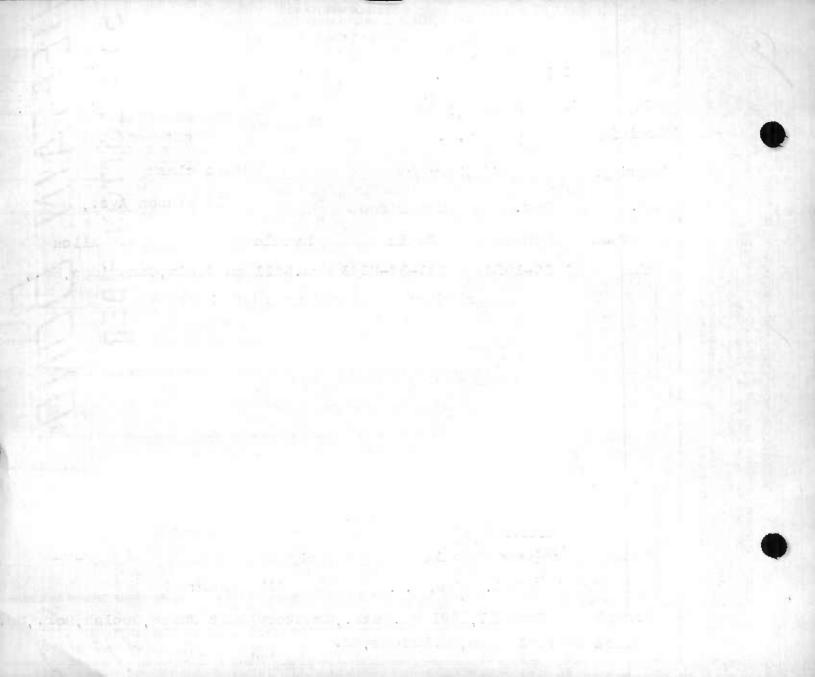




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	death and 2 death		Ype or print)	la J.	Stanley.	June 10, 1981 Doy	Yeor 3 A. M
	atte atte	3. SE		4 RACE Negro	S. DATE OF BIRTH June 26, 1	6. AGE (In years last birthday) 76 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	hour pers. Pour	caur	ntry)	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Dorchester	Md.
	ithin 24 ho y filled in an papers.	10. 0	tersburg Md. I ITY DR TOWN DF DEATH Cambridge	11. NAME DF HOSPITAL DR INS	during	UAL OCCUPATION (Kind af wark done mast af warking life, even if retired.)	12b. KIND DF BUSINESS OR INDUSTRY
	and campletely iremave carban	13o. adm		d lived, if institution: Residence before 13b. COUNTY Dorchester	Vrc 🗆	TIMITS? 13e. STREET AND NUMBER Rt. 2, Box 13e	Acme Co.
	and ca remay		ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME Mary A. Jo		Lost
	physician and chen please removal, and mand, and mand and		WAS DECEASED EVER IN U.S. ARMI		NO. 17. INFORMANT		Md. 21643 4. Hurlock.
	at the death of the attending thit permit. T mation, arrem		PART 1. DEATH WAS CAUSED IMMEDIA Canditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last.	TE CAUSE (a)	y els neptritis.	PEONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	MEDICAL CE	WILLIAM INC.	TH HOUR A.M. Month Doy Year		ter noture of injury in Part 1 ar Port 2, I Na. City or Town	County State
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	ITAL OR A may be ret RAL DIRECT Poge 3 st be filed wit		22b. SIGNATURE CAC TO 22d. PHYSICIAN'S NAME (Type) CAR LO	O Chuso SF. BARROSO	DEGREE PHYS. ATENDING PHYS. 22e. ADDRESS HUCTOR	MED. DIRECTOR D STAFF PHYS. D 6	-10-81
	Page 4 may b TO FUNERAL D director, page should be file	23a.	BURIAL, CREMATION, 23b. D REMOVAL (Specify)	DATE 23c. NAME OF	CEMETERY OR CREMATORY Sburg Cemetery	23d. LOCATION (City or Town)	(County)
	VR A15 (4) 25m-1/70		FUNERAL DIRECTOR	ADDRESS Funeral Home, 21	Federalsburg 30. RECT	Nr. Hurlock Dor	SCHATORE



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FOR

STATE OF MARYLAND

Stander Chief March 25 1855 196 San St PIRKLAND ILSIG STEEL STEEL STEEL STEEL CANDANCE BORDERS TECHNOLOGY LAISOLES OF EXTLANT MARILTON LOT, LONGING IN SHIP FAMORENT AND LEWIN I. KIES MARY K. 1855 CASTELL CHECKER PROPERTY OF THE STATE OF THE

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11/			DIVISION OF VITAL RECORDS			RE MARYLAND 21201	0004
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5 7 E	I. DE	CEASED-NAME First	Middle	Lost	1 20	DATE OF DEATH Month Dgy	Year 2b. Hour
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely for in the the funeral e.3 shauld be detached far use as the burial-transit permit. Then please remave carban farms. Pages I applyed with the State Dept. of Health prior ta burial, crematian, ar remaval, and than event, within		14		100	d	6 9	IF UNDER 1 YEAR IF UNDER 24 HRS.
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南京 / 二		ITY OR TOWN OF DEATH	give street oddress)	NSTITUTION (If not in hospital	during most of	CUPATION (Kind of work done working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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善美	CERTIFI	ZIa, ACCIDENT WAS UNDERLYIN	2 D	YES T		ure of injury in Port 1 or Port 2, It	am 101
F 4	ALC	DR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Month Doy Ye		CURKED (Enter note	or injury in Fort 1 or Fort 2, it	ein ib.)
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)epi	-	While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Stre	eer or K.P.D. NO.	City of Town	COOLINA 21016
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‡		causes stated abav	e, (I) I'we) (did) (did not) view th	e bady after death.	ily) (vois aprilla)	r dodni deconed gir nie dai	c gira iladi alia irani ilic
ĸ ĸ ŧ		22b. SIGNATURE	1			22c. D	ATE SIGNED
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till till	10	PHYSICIAN'S NAME (Type)	Russet	22e. AD	DRESS	CH M	1
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naul	230.	BURIAL, CREMATION, 23b.	DATE 23c. NAME (OF CEMETERY OR CREMATORY	230	d. LOCATION (City or Town)	(County) (Stote)
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VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRE	33	2So. REC'D BY RE	the same of the sa	SIGNATURE
25m-1/70		THOMAS FULLE	ral Home, Cambr:	tage, Ma.,	DATEIN 18	1981	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	-				2011		



REDISTAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.			FOR		n		ATE OF M			VOIEN	- 1	1 /	13 5	-
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ACC S. DATE OF BIRTH YEAR LAST BETWINDS MAN	ı	(TYP		amuel	Ro	v To	wers			-	OF EST	[I-		20.110
Male White Aug.31,1912 68 VRS. Maryland No. CITIVEN OF WHAT COUNTRY? MARRIED NONCED DOrchester Co.	3.	. SEX	4 RAC	E 5.	DATE OF BIRTH	6. AGE (IN)	EARS IF UN					MONTH		20 1101
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Towers Grace Mary				Dorc	hester	Linkwo		YES 🗌	NO 🔽			Linkwo	od Md	211
166. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, ORIO WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WITT 42-45 214-07-7783 Mrs. Mary Louise Towers Item # 1. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: COPONERY OCCIUSION. 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) COTONERY OCCIUSION. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) COTONERY OCCIUSION. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) COTONERY OCCIUSION. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) COTONERY OCCIUSION. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) COTONERY OCCIUSE (o)	13	4 FA		M				15. MOTHE	R'S MAIDE	N NAME				
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21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE	1	ALC	UNDERLYING CONTRIBUTING	OR CAUSE OF DEA			R							
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		MED	AT WORK AT W							4-1				
		MED	AT WORK AT W	took charge of	107	bed obove, held an		, 🔲,	Inspection		Inquiry XX			
270. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, and in my opinion death resulted from: Natural causes X; Accident , Suicide , Hamicide , Undetermined monner ,		MED	AT WORK AT W	took charge of	107	bed obove, held an		, 🔲,			Inquiry XX			
death resulted from: Natural couses 1; Accident , Suicide , Homicide , Undetermined manner ,		MEC	220. I certify that I	took charge of	107	bed obove, held an		Homici	de		Inquiry XX	ond in my op	inion	10-
death resulted from: Natural couses (C); Accident (C), Suicide (C), Hamicide (C), Undetermined manner (C),		MEC	220. I certify that I death resulted from	took charge of	107	bed obove, held an		Homici	de	Undeter	InquiryXX,	ond in my op	inion	/81
deoth resulted from: Notural couses 1; Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY) Deputy MEDICAL EXAMINER SIGNED 6/18/81 EXAMINER'S NAME John Mace Jr Cambridge Md.		MED	220. I certify that I death resulted from ACTUAL SIGNATURE	took charge of Notural c	In In	ibed obove, held an accident , S	vicide	Homici	ecify utp	Undeter	Inquiry XX, rmined monner	ond in my op. DATE SIGNED	inion	/81
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STATE OF MARYLAND

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5	1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND BENT OF HEALTH AND MEN CERTIFICATE OF DEA	TAL HYGIENE	8 REG. NO	1 6	U	0 7
1 04		CEASED NAME WISOM	& the	S	2a. D	ATE OF DEATH	MONTH DAY	YEAR 8/	26. HOUR
(M)	3 SE	× Female 1.	Negro	5. DATE OF BIRTH MONTH DAY	6. AG	E (IN YEARS LAST BIRTH	HDAY) IF U	THS DAYS	IF UNDER 24 HRS HOURS MIN.
1 15 55	D	IRTHPLACE (STATE OF FOREIGN 76 OVChiester Co.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAR	RIED L	LTIMORE CITY OF	COUNTY OF	DEATH	MD
s ofter a by the lifed with nontring	1	ambricae	. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Doyche ster			USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE)	126. KIND OF INDUSTRY	BUSINESS OR
filled in filled in could be f	USU	AL RESIDENCE (IF JURSING HOME OR OT STATE 136 COUNTY	CITY OR TOWN		_ 0	TREET ADDRESS		L,	
mpletely ond 2 sh	14 F	ON KOWN		15 MOTHER'S MA	. /	MIDDLE	0	ry hast	
n and co Pages 1		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W.		RITY NO. 17 INFORMANT	ro//	Jone			
e deoth certificate be attending physicia move corbon popers rotion, ar remaval. Iroumatic event, the		18 CAUSE OF DEATH (Enter only in PART I. DEATH WAS CAUSED & IMMEDIATE (Conditions, if ony, which gove rise to immediate	metach.	hi Concinor	0	dumus	/	und	AATE INTERVAL NSET AND DEATH
requires that the sean signed by the record of the please reject to burial, creatingly, or other	NOIT	couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CO		EATH BUT NOT RELATED TO	Hara S. H				
he low on. hos be t permit ows on	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH		YE	S NO	206. IF YES, W IN CERTIFYIN YES	G CAUSES (
Physics Physic		2]g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	RY OCCURRED (E	NTER NATURE OF INJUR	Y IN ITEM 18, PART I	OR PART 2]	
IDING PHYSIC or othending se os the burio selith on the burio	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 211. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
TTEN Priol TOR: for us of He		22a.1 certify that (1) (this hospital' sow the deceased alive on above, (1) (w	ottended the deceased from 19 5		r) opinion death	occurred on the do			hot (I) (we) lost ouses stated
the he bep		22b. SIGNATU	St	PHY:		DICAL STAF		22c. DATE S	IGNED
HOSPI bined b FUNE sold be th the S		22d. PHYSICIAN'S	1941)	22e. ADDRESS					
BP		Burial	236. DATE 236 N July 6, 1981 Fo	AME OF CEMETERY OR CREATERY		LOCATION CITY OR TOWN	,	10	STATE
OHMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR	ADDRESS		250. DATE REC'	D. BY REGISTRAR 2	256 REGISTRAR	'S SIGNATU	IRE

	1 - 3	FOR STATE REGISTRAR				PARTMENT OF	HEALTH		ENTAL H	9.0		REG. NO	6	0 0	3
10 KD H-1		CEASED NAM	E FIRST	ZO	M	IDDIE	WO	NGUS		2	OF DEATH	NOWN K) MONTH	27 19 8	
OUR FILES. ON STREET.	3. SEX		4. RACE	5. DATE OF BIE		6. AGE (IN Y			IF UNDER		c. DATE		MONTH	DAY YE	AR 2d. HOUR
NIE	ma	le	negro	March	17 1	YEAR LAST BIRTHE	RS. MONT	HS DAYS	HOURS	MIN. P	RONOUN	CED	6	27 19 8	7:10
de	FOI	RTHPLACE (S	TATE OR	76. CITIZEN OI	F WHAT	COUNTRY?	8. MARR		VER MARRI	ED X			_	TY OF DEATH	
بازا	Rh	odesda.	le, Md.		S.A.		WIDOW		DIVORCE		DOFC AL OCCUP	heste		12b. KIND OF	MD.
3		ambrid		(IF NOT IN SU	CHEACILIT	AL, NURSING HOM 14, GIVE STREET ADDRESS) OF Genera			ITION	FOR M	OST OF WORK	ING LIFE)	PE OF WORK	Farmi	ISTRY
5	13a. S1		1135 COU			ESIDENCE BEFORE ADMISS 3c. CITY OR TOWN Rhodesda		13d. INSIDE (CITY LIMITS?	13. STRE	et addres	ss ox 68			
Σ	14. FA	THER'S NAMI		WIDDLE		LAST		15. MOTH	ER'S MAIDE	NAME	MI	ODLE		LAST	
7			nes Wong						na Eli	zabe	th Co				
	16a. V	AS DECEASE	DEVER IN U.S. A	RMED FORCES?	1	6b. SOCIAL SECURI	TY NO.	17. INFOR	MANT			ADDRESS	Md.	21659	
		No	(# 120, 011			215-44-68	371	Edna	Wongu	is, R	t. d.	Box	49. F	Rhodesd	ale.
				anly ane cause per										BETWEEN O	NATE INTERVAL
		PARTIDE	ATH WAS CAUS	SED BY: ATE CAUSE (o)	Me	echanical	asph	yxia							
	7	816	0		OR AS	A CONSEQUENCE	OF								
JRIAL, CREMATION, OR REMOVAL.	-		ns, if any, whic se to immediat												
			stating the unde		OR AS	A CONSEQUENCE	OF							1317	
				(c)											
	2	PART 2 DTHER S	GNIFICANT CONDITION	NS <u>CONTRIBUTING TO D</u>	EATH BUT	NDT RELATED TO THE TER	MINAL DISEAS	SE OR CONDITIO	IN GIVEN IN PAI	RT 1 (a).					
	Ĭ	19a. DATE OF	OPERATION	195 CO	NDITIO	N FOR WHICH OPE	RATION V	VAS PERFOR	RMED?					20 AUTOF	SY?
	Ĕ			-										YES 2	ON D
)	CERTIFICATION		AL CAUSE WAS		E OF IN	IJURY AONTH DAY YEA	21c. H	OW INJURY	Y OCCURRE	D (ENTER N	ATURE OF INJU	JRY IN ITEM 18	PART 1 OR P	ART 2)	
1		CONTRIBUTI	OR NG CAUSE O	F DEATH 6	P.M. (5-27- ₁₉ 8	1 Dr		in au	to th	at lo	st co	ontro	1 & ove	erturned
	MEDICAL	21d INTURY	OCCURRED	21e PLA		INJURY (AT HOME,		CATION			CITY OR TOV	VN	CC	YTAUC	STATE
	2	AT WORK	NOT WHILE	₹	roa				icken	Rd.			Dor	chester	Md.
2 / 6	1			rge of the remain	s describ	oed obave, held on	Autop	osy XX	Inspection	n .	Inquiry		nd in my a	pinian	
1		deoth result	ed fram: Not	tural couses	A	ccident 🔲 , s	vicide	, Hami	icide .	Undete	rmined mo	nner .	,		
	1		1	211	à .	de	1	TITLE (SPECIFY)						
	1	ACTUAL SIGNATURE	Λ	1/ AX	11	10		A.D. ASS	istan	T_MEDI	CALEXAM	INER	DATE	ED 6-20	9-81
interes	-		/ \	1000	/										
1		EXAMINER'S (TYPE OR PR	NAME / A	nn M. Di	xon			ADDRESS_	111						
	23a.B		TION, REMOVAL			23c. NAME OF C			ORY	23d. LO	CATION		COL	UNTY	STATE
			urial	July 1,	1981	Chester	Ceme	etery		Rei	ds G	cove.	Dorc	hester	Md.
	24 F	NAME	CTOR	AD	DRESS	Federalsb	urg,	Md.	250. DATE	REC'D. BY		R 256. REG	6 1	SIGNATURE	4
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	-								1970	Str. Billion	11111111111				4

B	1.	FOR • STATE	DE	STATE OF MARY PARTMENT OF HEALTH AND	MENTAL HYGIEN	8 1	1	6 0	0
m £		REGISTRAR CEASED NAME FIRST E OR PRINT)	MIDDLE R	CERTIFICATE OF		REG. NO DATE OF DEATH	MONTH DAY	F 1	h. HOUR
poge,	3. SE	FANN	14. RACE	S DATE OF BIRTH	6./	GE (IN YEARS LAST BIR	G - O	- 1	F UNDER 2
4 gt		F	B	MONTH DAY	1909	7:	YRS.		OURS
death. Poge	l'a. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY) Dorchester	76 CITIZEN OF WHAT COU	MARRIED 1 NEVEL	R MARRIED . 9. E	Dore Dore			
s offer d	10 C	Cambridge	(IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR OTHER IN E STREET ADDRESS! CEP MEMORIAL	(7)	USUAL OCCUPATI	ON	12b. KIND OF E	BUSINES
filled in hould be I	13a. S		ROTHER INSTITUTION GIVE RESIDENCE	REBEFORE ADMISSION) RTOWN 13d INSIDE 1bridge YES K	CITY LIMITS? 13.	STREET ADDRESS		Cambr:	
ompletely omd 2 sh	14. FA	Freid	Campe	ST	R'S MAIDEN NAME	WIDDLE		LAST	
te be executician and co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		LSECURITY NO. 17. INFORM	mon Your	addre sox 4		a 215	3/09
requires that the deat en signed by the atter. Then please remove a or to burial, cremation, injury, ar ather traum	ION	gave rise ta immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION		ED TO THE TERMINA	L DISEASE OR CON	DITION GIVEN		
Na. The law r hysician. Icate has bee ransit permit. Hygiene pria	CERTIFICATION	190 DATE OF OPERATION		WHICH OPERATION WAS PERF		YES NO	IN CERTIFYIN		S USED F DEATH
PHYSICIAN: The ending physicic this certificate be buriol-transit and Mental Hygist d or Item 18 sho		2)a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES		H DAY YEAR	INJURY OCCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2)	
offendi her this s the b s ond A rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE FARM, ETC.) 211. LOCAT	FET	CITY OR TO	WN	COUNTY	STAT
E + 0 2	ė	22a certify that (I) (this hospi saw the deceased plive an above. (I) (we) (did) (did no			y) (our) opinion deat	to h accurred an the do		, tho	
Sep es es		22b. SIGNATURE	Pour_	DE GREE	PHYSICIAN DI	NEDICAL STAF		22c. DATE SIC	SNED
				22e ADDR	ESS				
TO HOSPITAL of retained by the TO FUNERAL E should be detained with the State EMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	ZZE ADDR			WALK IN		

101.010101 Intique laires esta-more social carlism lerescer maintage a series rel Elvip ethat in o smooth comean reade-//n-1/2 Surral t-o-11 sacies seconds un sainte . massa /- s co - lissam